Teacher's Hero **Order Summary Form**

Teacher's Hero

Enter products or Product Matrix page totals, complete and mail to: Teacher's Hero PO Box 91013 Los Angeles CA 90009. Phone us at 310 418-7008 9AM-5PM PST or email us at teachershero@comcast.net. Order online at www.teachershero.com. Our FAX number is 310 531-7388.

Product Name	Product Number	Note	Price	Quanity Ordered	Total

PAYMENT METHOD

ATTACHED CHECK ☐ MASTER CARD ☐ VISA ☐

AMERICAN EXPRESS ☐ ATTACHED PURCHASE ORDER ☐

CARD NUMBER _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

SIGNATURE _____ EXPIRATION _____

CVV NUMBER _____ (Printed numbers in signature panel on back of card)

Subtotal	
CA Sales Tax	
10 % of subtotal for Shipping	
T O T A L	

CREDIT CARD / BILLING INFORMATION

Name on card: _____

School: _____

Street: _____

City: _____

State ZIP: _____

Contact Name: _____

Contact email:_____

SHIPPING INFORMATION (if different from billing)

Attention: _____

School: _____

Street: _____

City: _____

State ZIP: _____

Contact Name: _____

Contact email: _____